

**NOTICE TO APPLICANT REGARDING
REPLACEMENT OF
MEDICARE SUPPLEMENT INSURANCE**



An Independent Licensee of the Blue Cross and Blue Shield Association

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SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, you intend to terminate existing Medicare supplement coverage and replace it with a contract to be issued by Regence BlueShield. Your new contract will provide 30 days within which you may decide without cost whether you desire to keep the contract.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement coverage. You should evaluate the need for other disability coverage you have that may duplicate this contract.

STATEMENT TO APPLICANT BY ISSUER, AGENT

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement contract will not duplicate your existing Medicare supplement coverage because you intend to terminate your existing Medicare supplement coverage. The replacement contract is being purchased for the following reason(s):

- ☐ Additional benefits
- ☐ No change in benefits, but lower rates
- ☐ Fewer benefits and lower rates
- ☐ Other (please specify) _____

If you are currently covered under a Medicare supplement policy, there are no waiting periods for any health conditions which you may presently have (preexisting conditions) under this new contract.

State law provides that your replacement contract or certificate may not contain new preexisting conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new contract (or coverage) to the extent such time was spent (depleted) under the original policy.

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your rates as though your contract had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new contract and are sure you want to keep it.

Broker/Agent Signature

Applicant Signature

Broker/Agent/Issuer Name and Address (Please print)

Date